

FEDERAL BUREAU OF INVESTIGATION

National Office of Vital Statistics

FILED OCT 30 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

34380

Registrar's No.

9129

Registration District No.

318

Primary Registration District No.

1003

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Park Lane Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT

FULL NAME Anna Krueger

3. (b) If veteran,

name war.....

3. (c) Social Security No.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
Louis Krueger Sr. May 14 1875
7. Birth date of deceased..... (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 5 5 hr. min.

9. Birthplace..... (City, town, or county) Germany 4
(State or foreign country)

10. Usual occupation..... Home

11. Industry or business.....

MOTHER FATHER { 12. Name..... Unknown 13. Birthplace..... Unknown (City, town, or county) (State or foreign country)
14. Maiden name..... Unknown 15. Birthplace..... Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Oscar Krueger

(b) Address 5947 Drury Lane

17. (a) Cremation (b) Date thereof 10-22-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director..... Drehmann-Harrai

(b) Address 1905 Union Blvd.

19. (a) OCT 22 1948 (b) J. B. Pasater
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....
(c) City or town..... St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5339 Cote Brillante Ave. 9
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 19
year 1948 hour 2 minute P M.

21. I hereby certify that I attended the deceased from Sept. 1st 1947 to Oct 19th 1948
that I last saw her alive on Oct 19th 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Pneumonia 3 days
Due to.....

Due to.....
Other conditions Carcinoma breast 1 yr.
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

Without work? (Specify type of place) (e) Means of injury
Charles E. Kane (M. D. or other)
Address 1746 Walton Date signed 10/24/48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Warren A Carver

Licensed Embalmer No. 3534

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.